

MRD CHECKLIST

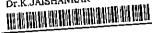
	PARTICULARS	YSS	NO
-	IP Number allocated to each Patient		
	Name, Age & Sex of Patient	,	
	General Admission Consent		
<u>-</u>	Initial Assessment of Patient / Diagnosis		
_	Nutritional Assessment by Consultant		
~	Plan of care counter signed by the Consultant		
	Treatment Orders - Date, Time, Name & Sign.		
-	Medication Order / Drug Chart - Date, Time, Name & Sign.		
	Vital Signs Chart (TPR Chart)		
·-	Intake Output Chart		
-	Drug Chart (Duly filled)		
	Anesthasia Consent - (8 thing) - Date, Time, Name & Sign. of both Patient & Anesthetist		
-	Anasth∋sia Assessment Sheet		
·•	Surgery Consent - (8 things) - Date, Time, Name & Sign of both Patient & Surgeon		
-	Surgery Notes - Post Operative Plan		
-	Pain Scoring System		
-	Blood Transfusion if done		
	High Risk Procedures		
_	A copy of the Discharge Summary		





50/Male/MHI202481862 18/01/2024/IPH2024000135

Dr.K.JAISHANKAR





Every heart beat counts

Medway Hospitals The way to better health

(A Unit of United Alliance Healthcar	ADMISSION SLIP

Admitting Doctor:	aishan/ar.	Speciality:	deology
Advised Date & Time: 18		•	, ,
Provisional Diagnosis:			<u> </u>
CAD : SEVERE LATNI.	LV DYS.FUNC	77 on f	•,
Reason for Admission:	Medical Management	Surgical Managen	nent ,
	Others (please specify	details)	<u> </u>
Admission Type:	Day Care El	R 🔲 Ward	
	□ ICU	(Specify details)	
Surgery / Procedure Name	(if planned):	· <u>-</u> -	•
Blood Product Requirement	t: No Yes (Kindly	specify details of components requ	ired in space below)
•		•	
Expected Duration of Stay:			
Expected Cost of Treatment	as per Financial Counselin	g Form):	
Payer: Self Insurance	e Others:	-51	
Instructions to Nurse (if any): · -	<u> </u>	
		•	
	(s month)	5	
_ P	parks partice	 -	`e
Any other Instructions (if an			
Doctor's Signature	Name	Reg. No.	Date Time
for W	Boley's	1247	18/18/18/18/18

For admission desk staff	only:		
Room Category:	General Ward		
	Single Room		1
	Twin Sharing		
	Deluxe Room		
, <u>L</u> '	Suite Room Others		r \$
<u></u>	Others &		
Admission intimation	Receipt Details	Admission T	ime in HIS
Date	Time	Date	Time
18/1/24	10133	18/1/24	10:33
Source:	OPD ER Direct		
-	requirement specified by the		No
Front office Staff Signature	Name	Emp. No.	Date Time
Dilik2	Name Da. K	0192	Date Time 10:33
4			



Medway Hospitals The way to better health (A Unit of United Alliance Market

(A Unit of United Alliance Healthcare Pvt Ltd)



Mr.MURUGAIYAN A

50/Malc/MHI202481862 18/01/2024/!PH2024000135

Dr.K.JAISHANKAR





MHI/HOSP/2022/129

ADMISSION FORM

Marital Status	Full Address 336 6th Street, c Kalyana Pwiam Vyasar Padi	Telephone Number 866812655
Occupation RL		
Referred from		al No. of Days
D8. 7~C	18-1-24 BILLY @18.20 9.1	ios
UNIT PL	MLC Yes No If Yes AR No.:	
	FINAL DIAGNOSIS	ICD Code
	LONARY ARTERY PISEASE	T251
SEV	ERE'LV DYSTUNGHON	5.50.1
	SHENDIC HYPER-HENGLOW	Tio
TYPE	IL DIABETES NELLITUS	E11.9
	CVA - LEFT LOCUNAN INTAPONT6/2023)	764.9
•		
DATE	OPERATION / PROCEDURES	ICPM Code
7811187	POPONARY ANGIOGIPAM PONE	√8 3 .5°
DATE	TYPE OF ANESTHESIA	
18/1/24	GENERAL SPINAL LOCAL REGIONAL	☐ EPIDURAL
	DISCHARGE STATUS	
☐ Cured		Expired < 48 hours
Improved	☐ Against Medical Advice ☐ Absconded	Expired > 48 hours
☐ Unchanged	— · · · · · · · · · · · · · · · · · · ·	Post-Operative Death
Signature of t	he Consultant Signature of Med	lical Records Officer

AUTHORISATION FOR TREATMENT I PAYMENT

	nd to perform such oper agnosis and treatment o	nedical, Staf f of the Hospital Investigate treat and ration under anaesthesia or other wise as may be of my illness / patient
I hereby under take to settle all the bills for hos basis. In any case, I shall pay all the dues befo		ited to me/the patient named overleaf on a periodic om the hospital.
		d above, I hereby authorise the hospital to transfer deemed fit and proper by the hospital authorities.
	attendants have been r	gulations of the Hospital and that all cash, jewellery emoved to a place of safety / handed over to the o any loss.
I have read out and explained the contents of t	the above to the Signato	ry in his vernacular .
சிகீச்சை, பணம் செலுத்துதல் முதலியவை செய்ய ம	_	
மருந்துகள் கொடுத்து செய்முறைகள்/அறுவை சிகி செலவுக்கன தொகை முழுவதும் செலுத்த இதன் மூ மேல் கூறியது போல் வேளை நான் தங்கள் மருத்	க்கு தேவைப்பட்ட சோத சீச்சை செய்யவும் அதிகாரம் pலம் உறுதி அளிக்கிறேன். ந்துவத்திற்கான செலவுகை	பயர்கள் எனக்கு / நோயாளிபெப்படி பிடிப்படி பிடிப்படிப்ப
மருத்துவமனையின் பொது சட்ட தீட்டங்கள் பற்றி 6	தெரிவிக்கீப்பட்டிருக்கீறேன்.	•
		ாவும் பாதுகாப்பான இடத்திற்கு மாறுபட்டுவிட்டன / அல்லு து/நோயாளியின் எந்தவித நஷ்டத்திற்கு பொறுப்பில்லை
மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்	ட பிறகுதான் கையொப்பமி	ிட்டேன்.
ടെങ്ങളുപ്പ് അക്സെസ് പന്	தேதி	ァット・マックス アン・ファック アン・ロップ マット (ロット) தேர் தேர் தேர் தேர் தேர் தேர் தேர் தேர்
Signature of Admitting Nurse	Date 18-1-24	Signature of the Patient / Relative / Gurdian
		wife
		ഉ_നഖ്യാക്കന

Nature of Relationship







Patient Details (Affix Label here)

Name: March Property for the Consultant DR TO ISH PNET Every heart beat counts

GENERAL CONSENT FOR ADMISSION

(p	lease tick the correct option above and below) Read	_ the	Patient or	☐ Representative of patient have
	Been explained this consent form in English, which I	fully u	nderstand.	
•	I give my full consent and authorization for admission plan has been explained to me.	n and	treatment at th	is hospital. The proposed treatment
•	I consent and authorize the hospital, treating doct relevant care and to conduct diagnostic as deemed n			

- I also consent to use of assistants such as resident doctors, other doctors, nurses, and other healthcare workers
- I consent for clinical consultation, admission, disclosure of information required for clinical management (under confidence), routine medical examination (physical examination, palpation, percussion, auscultation), routine lab and imaging investigations, general nursing care, diet and physiotherapy assessment and counselling.
- I have been explained about the proposed care plan, expected result(s), possible outcome(s) and expected
 cost of treatment/ hospital stay.
- I understand that the hospital will take due care of me / my patient but, that there is always a possibility of an
 unexpected complication(s) which may necessitate longer stay and / or use of intensive care services. In such
 cases, procedure different from those contemplated and other intervention(s) may sometimes be needed.
- I declare that, I have and will inform the doctor of my medical history including previous illnesses, allergies, drug
 reaction(s), surgical procedure, relevant medical family history and all other facts relevant to my treatment. I
 shall not hold the hospital/ doctor responsible for any consequences which may arise due to non-disclosure of
 relevant information on my part.
- I declare that I have been explained about my rights and responsibilities.

by the hospital and treating doctor/ team.

- I have been made aware of the rules and regulations of the hospital including those related to security and I promise to abide by them.
- I understand that in case of some unexpected event occurring during the course of my stay I may be suggested a transfer to another hospital / healthcare organization, as considered appropriate by my treating doctor.
- I understand that, drugs, consumables and devices will be charged on an 'as actual' basis as per the hospital
 tariff. I have been informed and I understand that there can be usage of certain reprocessed items during the
 course of the treatment. I also understand that only full strips of medicines shall be issued and returned. I
 declare that I take full responsibility of settling the bill before leaving the hospital premises at the time of
 discharge.

- I further declare that I have been given an opportunity to ask question(s) related to my admission, care plan and proposed hospital stay, and that such questions have been answered to my satisfaction.
- I declare that I have received and fully understood the information provided in this consent form, that I have been
 given an opportunity to ask questions relating to my admission, care plan and proposed hospital stay, and that
 all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes
 in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my
 presence at the time of my signing this form.
- I, the above-named Patient / named patient's representative, do further hereby declare that I am above 18 years
 of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false
 misconception.

	Signature / Thumb Impression*	Name	Date	Time
Patient	A (plesob was	A. 18 1 200 00007	18/1/24	[07.33
Surrogate/Guardian (if applicable #)	m.A. monce	(Write name and relationship with patient)	18/1/24	10:33
Reason for surrogate consent	Patient is unable to give consent t	pecause:		
Witness	m, Amma	m, Ammu	18/1/20	1013
Interpreter (if applicable)				

^{*} Right Hand for Males & Left Hand for Females | # Only if Patient is a minor or unable to give consent





Every heart beat counts (A Unit of United Alliance Healthcare Pvt Ltd)

DAY CARE DISCHARGE SUMMARY

IP No.

IPH2024000135

D.O.A

: 18/01/2024

UHID

: MHI202481862

D.O.P

: 18/01/2024

Name

Mr. MURUGAIYAN. A

Room No. : RI.

Age / Gender

50Years /MALE

Consultant

: Dr. JAISHANKAR.K MD., DM., FIAMS

D.O.D

: 18/01/2024

Director and Clinical Lead

Cardiology and Electrophysiology

DIAGNOSIS:

CORONARY ARTERY DISEASE

SEVERE LV DYSFUNCTION

SYSTEMIC HYPERTENSION

TYPE II DIABETES MELLITUS

OLD CVA- LEFT LACUNAR INFARCT (06/2023)

PROCEDURE: CORONARY ANGIOGRAM DONE ON 18.01.2024 – TRIPLE VESSEL DISEASE.

BRIEF HISTORY:

Mr. Murugaiyan. A, 50 years/ male, Presented with complaints of epigastric chest pain and shortness of breath for 4 days, complaints of bilateral pedal edema. He was evaluated in ESIC hospital and treated conservatively. He was advised Coronary angiogram and referred to Medway Heart Institute on 18.01.2024 for which he has been admitted.

No H/O fever, vomiting, diarrhea.

Known case of Type II diabetes mellitus, systemic hypertension on medication.

N/K/C/O CVA, Dyslipidemia and hypothyroidism.

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

PICCLE

NIL

HR

87bpm

BP

140/90 mmHg

 SPO_2

99% in room air

CVS

S1S2 (+)

RS

BAE

Abdomen

Soft

CNS

NFND

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

f @MedwayHospitals

@medwayhospitals

medway-hospitals

@medwayhospitals

94557 94557 1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam

Mogappair 044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367 |

Chengalpattu

Villupuram

Kumbakonam

Kakinada

Heart Institute 044 - 4310 8959 Institute of Pulmonology 044-2473 4451



UHID: MHI202481862



INVESTIGATIONS:

<u>BLOOD:</u> Hb- 11.2gm/dl, TWBC - 7790 cells/cumm, PLT - 317000 cells/cumm, Urea - 21.30mg/dl, Creatinine - 1.06mg/dl, Na+ - 140 mmol/l, K+- 4.49 mmol/l, PT / INR - 12.2 / 1.1.

ECG: sinus tachycardia, HR – 101 bpm, BAE (+)

ECHO.. Global hypokinesia. Dilated LA, LV. Severe LV dysfunction EF – 34%.2/4 MR 2.3 mm PE, posterior to LV No clot / PHT.

COURSE IN THE HOSPITAL:

Mr. Murugaiyan. A, 50 years/ male, underwent Coronary Angiogram by right radial access on 18.01.2024 which evealed TRIPLE VESSEL DISEASE. Post procedure was uneventful. He is advised for 1. Medical management, 2. CABG after viability assessment. His medications are optimized and he is being discharged in a stable clinical condition.

ADVICE MEDICATIONS:

NAME OF THE DRUGS WITH	DOSAGE	FRE	QUENC	Y	ROUTE	RELATION	DURATION
GENERIC NAME		M	A	N		SHIP WITH MEAL	
TAB. ASA	75 MG	0	I	0	ORAL	AFTER FOOD	TO CONTINUE
TAB. CLOPILET	75 MG	0	1	0	ORAL	AFTER FOOD	TO CONTINUE
TAB.LASIX	40MG	I	0	1/2	ORAL	AFTER FOOD	TO CONTINUE
TAB. NITROCONTIN	2.6 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
TAB. ATORVAS	20 MG	0	0	I	ORAL	AFTER FOOD	TO CONTINUE
TAB. ENVAS	2.5 MG	1/2	0	0	ORAL	AFTER FOOD	TO CONTINUE
TAB. ALDACTONE	25 MG	1	0	0	ORAL	AFTER FOOD	TO CONTINUE
TAB. CARDIVAS	3.125 MG	1	0	1	ORAL	AFTER FOOD	TO CONTINUE
TAB. PAN	40 MG	1	0	0	ORAL	BEFORE FOOD	TO CONTINUE
	TAB. ASA TAB. CLOPILET TAB.LASIX TAB. NITROCONTIN TAB. ATORVAS TAB. ENVAS TAB. ALDACTONE TAB. CARDIVAS	GENERIC NAME TAB. ASA 75 MG TAB. CLOPILET 75 MG TAB.LASIX 40MG TAB. NITROCONTIN 2.6 MG TAB. ATORVAS 20 MG TAB. ENVAS 2.5 MG TAB. ALDACTONE 25 MG TAB. CARDIVAS 3.125 MG	GENERIC NAME M TAB. ASA 75 MG 0 TAB. CLOPILET 75 MG 0 TAB.LASIX 40MG I TAB. NITROCONTIN 2.6 MG I TAB. ATORVAS 20 MG 0 TAB. ENVAS 2.5 MG ½ TAB. ALDACTONE 25 MG I TAB. CARDIVAS 3.125 MG 1	GENERIC NAME M A TAB. ASA 75 MG 0 1 TAB. CLOPILET 75 MG 0 1 TAB. LASIX 40MG 1 0 TAB. NITROCONTIN 2.6 MG 1 0 TAB. ATORVAS 20 MG 0 0 TAB. ENVAS 2.5 MG ½ 0 TAB. ALDACTONE 25 MG 1 0 TAB. CARDIVAS 3.125 MG 1 0	GENERIC NAME M A N TAB. ASA 75 MG 0 1 0 TAB. CLOPILET 75 MG 0 1 0 TAB.LASIX 40MG 1 0 ½ TAB. NITROCONTIN 2.6 MG 1 0 1 TAB. ATORVAS 20 MG 0 0 1 TAB. ENVAS 2.5 MG ½ 0 0 TAB. ALDACTONE 25 MG 1 0 0 TAB. CARDIVAS 3.125 MG 1 0 1	GENERIC NAME M A N TAB. ASA 75 MG 0 1 0 ORAL TAB. CLOPILET 75 MG 0 1 0 ORAL TAB.LASIX 40MG 1 0 ½ ORAL TAB. NITROCONTIN 2.6 MG 1 0 1 ORAL TAB. ATORVAS 20 MG 0 0 1 ORAL TAB. ENVAS 2.5 MG ½ 0 0 ORAL TAB. ALDACTONE 25 MG 1 0 0 ORAL TAB. CARDIVAS 3.125 MG 1 0 1 ORAL	GENERIC NAME M A N SHIP WITH MEAL TAB. ASA 75 MG 0 1 0 ORAL AFTER FOOD TAB. CLOPILET 75 MG 0 1 0 ORAL AFTER FOOD TAB.LASIX 40MG 1 0 ½ ORAL AFTER FOOD TAB. NITROCONTIN 2.6 MG 1 0 1 ORAL AFTER FOOD TAB. ATORVAS 20 MG 0 0 I ORAL AFTER FOOD TAB. ENVAS 2.5 MG ½ 0 ORAL AFTER FOOD TAB. ALDACTONE 25 MG 1 0 ORAL AFTER FOOD TAB. CARDIVAS 3.125 MG 1 0 I ORAL AFTER FOOD

+DIABETIC MEDICATIONS:

Mogappair

🕇 @MedwayHospitals

Kodambakkam

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

Villupuram

(C) @medwayhospitals

Chengalpattu

medway-hospitals

Kumbakonam

medwayhospitals @

Kakinada



Medway Group of Hospitals

Heart Institute In

044 - 4310 8959

Institute of Pulmonology 044-2473 4451

Medway Centre of Excellence (Chennai)



UHID: MHI202481862



Every heart beat counts (A Unit of United Alliance Healthcare Pvt Ltd)

	DISCHARGE ADVICE
DIET	LOW FAT, DIABETIC & SALT DIET.
PHYSICAL ACTIVITY	AVOID STRENUOUS ACTIVITY
REVIEW	REVIEW WITH CARDIOLOGIST AT ESIC HOSPITAL.

To report: If temp > 101 'F / Difficulty in breathing / chest pain / Giddiness/ palpitations. Any other significant symptoms. In case of emergency Contact: Medway Hospitals @ 4310 8959.

CONSULTANT SIGNATURE

Dr. Jaishankar. K MD., DM., FIAMS Director and Clinical Lead (06 Cardiology and Electrophysiology

Typed by: Ezhilarasi.

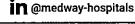
Dr. K. JAISHANKAR Reg. No: 49448

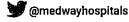
BROWN-COON

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel: 044 - 4310 8959

f @MedwayHospitals

(C) @medwayhospitals





Kakinada



Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam Mogappair Chengalpattu Villupuram Kumbakonam 044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367 E-mail: info@medwayhospitals.com | Website: www.medwayhospitals.com | CIN: U74900TN2011PTC083665

Heart Institute 044 - 4310 8959 Institute of Pulmonology 044-2473 4451





50/Malc/MHI202481862 18/01/2024/IPH2024000135





DAY CARE INITIAL ASSESSMENT FORM

Date	e: 18 1 Purime of arriva	al: 10142			
Part A	A (to be filled by Nurses				;
Vital S Respi	Signs: Temp: <u>Q&</u> CF) Pt iration: <u>D</u> (breaths/min)	ulse / HR: <u> </u>	min) BP: <u>(</u>	mHg) kgs) BMI: <u> </u> 2	生多的粉
	Language Barrier: ☐ Yes ☐ gies : ☐ Yes ☐ No	No If yes, please call Lars, specify:	nguage Coordinator / Trans	lator	
Alcoh Do yo	•	Substance Abuse: ☐ Ye		☐Yes ☐No	
Pain: Pain: FI	 .	3 weeks to < 38 weeks) ☐ /ears) ☐ Wong-Baker F/ · more than 12 years)	-	years - 12 year	rs)
		ning Sharp Stabbing		<u>_</u>	diant Pain
Last 3	itional Screening: 3 months Appetite Increa 3 months Weight Increa	ased Decreased N	No Change No Change		
□ A □ W	Risk Screening for adults: age more than 65 years Valks with assistance se of 2 or more criteria met i	No Risk ☐ History of fall in la ☐ Any neurological initiate detailed fall assessm	problem	ocol -	
□н		ics) Neurological problem (verti initiate detailed fall assessm	, —		No Risk
:	Signature	Name	Emp. No.	Date	Time
Nurse	<u>@</u>	Nothiya.	02-40	18/1/24	10 150

Part B	(to be filled by Physician	s)				
	Complaints					
	chat part	.				
Past Me	edical History			•	p f	
				,		
` Persoi	nal History		1			
	ant Family History		•		,	
Signific	•					
Signific	•					
Signific						
Signific						
Curren	t Medication					
		Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
Curren	t Medication	Dose	Route	Frequency		To be continued during hospital stay
Curren	t Medication	Dose	Route	Frequency		hospital stay
Curren	t Medication	Dose	Route	Frequency		hospital stay
Curren	t Medication	Dose	Route	Frequency		hospital stay ☐ Yes ☐ No ☐ Yes ☐ No
Curren	t Medication	Dose	Route	Frequency		hospital stay Yes No Yes No Yes No
Curren	t Medication	Dose	Route	Frequency		hospital stay Yes No Yes No Yes No Yes No
Curren	t Medication	Dose	Route	Frequency		hospital stay Yes No Yes No Yes No Yes No Yes No
Curren	t Medication	Dose	Route	Frequency		hospital stay Yes No Yes No Yes No Yes No Yes No Yes No
Curren	t Medication	Dose	Route	Frequency		hospital stay Yes No Yes No

Clinical Examination / Investigation

Provisional Diagnosis

CAD.

Plan of Care (including Investigations Ordered)

gn.

Doctor's S	Signature 🎶	_
------------	-------------	---





50/Malc/MHI202481862 18/01/2024/IPH2024000135

Dr.K.JAISHANKAR





DOCTOR'S PROGRESS NOTES DATE NOTES : Rodial OFShade SFTIL Rima, Noul. J20 Plen: 10 OMT GROSL CARRIE

DATE	NOTES
Ocas 0 .	- - -
13.00	pf received vita stoler Observation
	vita stoler
	Observation
	, .
	(mg)
•	
· · · · · · · · · · · · · · · · · · ·	
14.30	
	pt can discharged
	· 8 77
	, , , , , , , , , , , , , , , , , , , ,
•	*
	, , , , , , , , , , , , , , , , , , ,





Department of Dietetics



Every heart beat counts

Mr.MURUGAIYAN A

50/Male/MHI202481862

18/01/2024/IPH2024000135

Dr.K.Jaishankar Nyininyinyinyinyinyinyinyinyi

		IN	IOTRITION AS	DESSIMENT A	ND CARE P	LANFU	` <u> </u>	<u>n ini öbeltin min hun imilandi jakarajah dina jaka</u>
iagnosis		. 1			1.1.00	1	(1) (1)	
	())			TN/CAD	: Yes/No; if yes, speci	<u> 15 ' </u>		
leight ֈ	~ ~~~	ems	Weight:Kgs	Food allergies	: Yes No; if yes, speci	fy	********	
eligious I	Beliefs:		Vegetarian	Non Veget	tarian	`	Eggetarian	Jain
-	1	ľ		Γ				
iet Presc	ription:	11	alun'es,	as: C Da. L (L	owe soll	"" Econ	AD MICH	- Pluid scestos et
IB.IF	CTIVE	GLOB	AL ASSESSMENT	CADILITS)	OWESUK	+ 1.25(1)		• •
0000		. 0205		• • • • • • • • • • • • • • • • • • • •	" : 1.1; "		Dictory	schiet
		(A) -	Patient's related Medical Hist		· · · ,	3 /4 F		
-		1)		e in past 6 months)	* * * * * * * * * * * * * * * * * * * *	1	 	
-		1+1	Mengan Change (oreian chang			· · · · · · · · · · · · · · · · · · ·		1 🗆 5
		•	No weight change/	<5X′	5-10%	F_ 10) 15%	>15%
			gain	<u> </u>	<u> </u>	4		
2)		Dietary Intake	D0:500	1 - 1 - 1				
<u> </u>				□ 2	□ 3 ,		34	
		Oral	No change	Sub - optimal solid diet	Full liquid diet/ moderate	· \. · H	ypo - caloric guid diet	Stanvation
		•			overall decrease		<u></u> `	
-		Enteral / Parenteral	Adequate / Excessive	Sub - optimal	Inadequate		ypo - caloric eeds	Stanvation
<u> </u>		Nutrition	ļ	<u></u>				
<u> </u>	3)	Gastrointesti	nal Symptoms Disration:				1 + *	
				<u> </u>			<u> </u>	
-	,		1	Nausea	Vomiting/ moderate 61	ر م م د م	iarrhoea	severe anorexta
*.	7 ए ,	×(1,1		<u> </u>	symptoms			
	4)	Functional C	apacity (Nutrition related functional lim		704 5V (r)	<u> </u>	<u> </u>	
		_	None /improved	Difficulty with	Difficulty with		☐ 4 Light activity	Bedy chair-
i			tione jump pres	ambulation	normal activity	_ 1		ridden with no
<u> </u>		ı	<u> 111,</u>	N. P	<u> </u>		· 1 1'	or little activity
· 5	<u> </u>	Co - morbidity	(Disease and its relationship to nutritio	n requirements)	7.	. 1		
٠	٠١		Healthy	Mild co-	Moderate co -	1	Severe co	Very severe
-			,	morbidity	morbidity/ age >75 years		morbidity	multiple co -
<u> </u>				<u> </u>	i, - »/syears		<u> </u>	morbidity
<u> </u>	8)	Physical exa				• .		<u> </u>
-	1)	Decreased (a	t stores or loss of subcutaneous fat				<u>, </u>	
		٠	Normat	Mild	Moderate			Severe
	2)	Sign of muscle	wasting 7 1	mus	4 .	<u> </u>		
<u> </u>	-,		6.		.□3			O s
			Norma!	Mild	Moderate			, Severe
Tot	tal Score = Su	m f above 7 com	ponents			-	<u></u>	
						-		
Nu	itritional Stat	us : Based on thi	patient is	· · · · · ·				
		Well Nourished	<u> </u>		(7 to 14)		_	
		Moderately Ma			□(15 to 18)	-	_	
		Severely Malno	urished		(19 to 35)	_	_	
	- lu :						_	
- Nu	itrition interv	-7-				Te -	.	
	-1 mus 111-	Oral	Vos.	- -	□ Enteral □ No	☐ Parenter	<u> </u>	·
	et counselling	provided: -assessment:	☐ Yes		☐ No ☐ Fort-ni	gh t	☐ Monthly	_
	teral / Parent		☐ DallÁ ☐ MeskiÁ		Calorie cou		No	
) •	versus racetti	.c. e .				1	1-~	

·		WII II/DIC 1/2022/14/
DATE AND TIME	DIETITIAN NOTES	SIGNATURE
	A so years old gentlemen	
-	come = clo thest pais	
	was assessed to be well-	
	moverished as evident by son	n - 2 - 1
18/1124	KICLO-TEDM ISHTNI	(A) " ·
11:30	• •	15
TO BE WAS	potient shipted to catholopor	101 500
	proceduce (CAY). Kept on NBM. Ratient received to PC. NBM	
-	over. patient Toloriad Diabebi,	<u>'</u>
_	signish diet. can initale piebobic	
	gopt social diet	•
• .	Educated que patient & Camily	,
	Line as Domes 1, 12 Cat 15 W.19	jono iduation
	sout, biober deton dischauge rou	TOP COST OF COLOR
18/1/24	emphasized on small prement	4
17:00	neals. 4 conglycemic Control	\$ 1018
	Diet modifications &	
_	clarfications done.	
	Diet chart given on discharge	
	- Court grown on the	7
,	·	
•	· ·	
<u> </u>	<u> </u>	<u> </u>

A Property Commencer



Mr.MURUGAIYAN A 50/Malc/MHI202481862 18/01/2024/IPH2024000135 Dr.K.JAISHANKAR



Y		A					S / PROCEI	JUKE2	1
Diagnosis:	<u>To 1</u>	MIRHTUN!	2AD	A	llergi	es if any:/	NKDA.		
From (Area	1)	To (Area)	Date	Tim	ne Reas	on for Transfer / N	ame of Pro	cedure
RL		coithle	eb =	willey	(12)	<u>F</u>	6-A-04		
Method of Trai	nsfer: 🗆] On Bed 🖵 ơn	Wheelc	hair 🗌 On 🤅	Stretc	her	,		
ASSESSMENT General condi		FIENT: Cons	scious [Semi-cons	sciou:	s 🗌 Un-cons	cious	-	
Language Bar	rier: 🗌 `	Yes 🕡 Mo 🗀 if '	Yes, spe	cify:		_			
Fall Risk Cate	gory: 🗌	Low Risk D Me	dium Ris	k □ High F	Risk				
Vital Signs (to b	e docun	nented at the tim	e of shift	ing):					
Temp (°F)	RR (b	reaths/min)	Pulse	e (beats/mi)	n)	SpO ₂ (%)	BP (mmHg)	Pain	Score
28-b	٥	<u>_</u> 0	8	7		(® 0	145/91	> 0/1	1
Numerical Ra	ating Sca ation giver ormation	ale (>12 years)[ven: n:	CPOT			_	e (7 years - 12 yea		
	Signa	ature	Nan	ne			Emp. No.	Date	Time
Handover by				Pa	100		0159	10/11/29	11:15
After Procedure	 e:	Yes 🗆 Yes	Any criti	ical informat	ት <u>ረ</u> tion:	 N	<u>02</u>]] 	<u> [[8/]/24</u>	<u> ;20 </u>
Vital Signs (to b	e docur	mented at the tim	e of shift	ting):			, – –		
Temp (°F)	RR (b	reaths/min)	Pulse	e (beats/mir	n)	SpO ₂ (%)	BP (mmHg)	Pain	Score
98°F	20	mmt_	82	- bHmt		100 %	120/65(85	Jul 1/10	
	e (2 mon		□Wong-	Baker FACE	S Pai	in Rating Scal	months) le (7 years - 12 yea	rs)	
	Sign	ature	Nan	ne			Emp. No.	Date	Time
Handover by	_	Ký		fruze J	<u> </u>		0237	18/1/24	12.30
Handed over to	<u>' </u>	<u>' </u>		Porta			0(%)	PUM	1254



CONSENT FOR CORONARY ANGIOGRAM /

CORONARY ANGIOPLASTY

18/01/2024/IPH2024000135 Dr.K.JAISHANKAR

Medwau

Mr.MURUGAIYAN A 50/Male/MHI202481862

CONDITION AND PROCEDURE

Hospitals

Dr Joul hon boyles explained that I have the following condition:

Fat (cholesterol) and calcium can build up in the arteries like rust in old pipes. It can stop the flow of blood to the heart. This can cause angina or a heart attack. The Coronary Angiography procedure is performed to show up the amount of disease in the coronary arteries, the blood vessels that supply the heart with bleed. After an injection of local anaesthetic, a fine tube (catheter) is put into the artery in the groin/hand. The tube is carefully passed into each coronary artery in turn. A series of video pictures are taken using x-rays and an iodine containing contrast medium (x-ray dye). The contrast medium may be injected into the main pumping chamber of the heart (left ventricle). This helps us to find out whether you have any narrowing or blockage of your coronary arteries. The doctor can then tell you which treatment is best for you after carefully studying and discussing your pictures. This may be an operation such as a coronary by-pass or a procedure called an angioplasty (the arteries are widened using a small sausage shaped balloon). Sometimes, drugs alone may be a suitable option.

RISKS OF THIS PROCEDURE

The risk of coronary angiography depends on:

(i) The nature of coronary artery disease (ii) The pumping status of the heart (iii) Your age and general health. These are some of the more serious risks that can happen, but are not the only risks:

Less than 1 in 10,000 (0.0001%)	(a) skin injury from radiation, causing, reddening of the skin
1 in 1000 people (0.001%)	 (b) A stroke. This can cause paralysis and long term disability (c) Heart attack. (d) A dangerous reaction to the x-ray contrast medium (dye). If this happens, you may have severe reactions such as asthma, shock and convulsions. Death in extremely rare cases about 1 in 2,50,000 to 4,00,000 injections. (e) Need for major surgery to the leg at the puncture site. (f) Need for emergency heart surgery or angioplasty. (g) A higher lifetime risk from x-ray exposure. (h) Death
1 in 100 people (0.01%)	 (I) the heart may not beat in a proper rhythm which will need urgent treatment. (j) Surgical repair of the groin puncture site. This may need a longer stay in hospital. (k) Minor reaction to contrast medium such as hives. (l) Loss/impairment of kidney function due to the contrast medium
1 in 20 people (0.05%)	(m) Major bruising or swelling at the groin punture site
Most People	(n) Minor bruising

PATIENT CONSENT:
Packnowledge that Dr. Action Replained my medical condition and the proposed procedure. I understand the risks of the procedure, the anaesthetic including the risks that are specific to me and the likely outcomes if complications occur. The Doctor has explained other relevant treatment options their risks and my right to refuse the treatment. He has explained my prognosis and the risks of not having the procedure. I have been explained that some reprocessed items might be used once its sterility and integrity is confirmed. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and converns have been discussed and answered to my satisfaction. I understand that in the unlikely event of complications, I may require a blood transfusion, an additional procedure or surgery. The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly. I understand that no guarantee has been made that the procedure will improve the condition.

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE

	Signature	Name	Date	Time
Patient/Guardian with relationship	(A)D) CONONION	A DODOBUST	18/1/24	10:50
witness .	m. Ammu	miAmmu	18/110-4	10 150
Doctor	93837,	nr Karthik	18/124	10 ' 50
Interpreter	0	2		







(A Unit of United Alliance Healthcare Pvt Ltd)

Patient	Details	(Attix i	Label	here)	
Name:					

UHID: DOB: Sex:

f:3=1	<u> இருதய ஆன்</u> ஜியோகிராம்	பரிசோதனைக்கான	ஒப்புப்
-------	------------------------------	---------------	---------

நிலை மற்றும் செயல்முறை

பழைய இரும்புக் குழுய்களில் தருபிடிப்பதைப் போல், தமனிகளில் கொழுப்பு மற்றும் கால்சியம் சேரும். இது ஆன்தினா அல்லது மாரடைப்பிணை ஏற்படுத்துகிறது. இதயத்திற்கு ரத்தத்தினை வழங்கும் ரத்தக்குழாயான இதயச்சுவர் சிரை தமனிகளில் நோயின் அளவினை கண்டறிய கரோனரி ஆஞ்சியரேகிராஃபி செயல்முறை மேற்கொள்ளப்படும். ஒரு மோக்கல் அன்றதீட்டிக் (மயக்க மருந்து) வழங்கப்பட்ட பின், ஒரு சிறிய குழாயானது (கதீட்டர்) கவட்டை/கையினுள்ள தமனியில் செலுத்தப்படும். இந்த குழாய் ஒவ்வொரு இதயச்சுவர் சிரை தமனிகளிலும் மாற்றி மாற்றி கவனமாக வரிசையாக செலுத்தப்படும். எக்ஸ்ரே மற்றும் பிற அயோடின் கொண்டுள்ளன காண்ட்ராஸ்ட மீடியத்தினை (எண்ஸ்ரே டை.) பயன்படுத்தி, பல வீடியோ படங்கள் வரிசையாக எடுக்கப்படும். இதயத்தின் முக்கிய ஏற்றியிறைத்தல் அறையில் (இடதுபக்க இருதய கீழறை) இந்த காண்ட்ராஸ்ட மீடியம் உட்செலுத்தப்படலாம். இது இதயத்தின் அளவினை மதிப்பிடவும் மற்றும் அது எவ்வாறு பம்ப் செய்கிறது என்பதை மதிப்படவும் மேற்கொள்ளப்படும். இப்படங்கள் நமக்கு இதயச்சுவர்சிரை தமனிகள் குறித்த ஒரு டாத்தினை வழங்கும். இது உங்களுக்கு ஏதேனும் அடைப்பு இருக்கிறதா என்பதை கண்டறிய உதவும். பின்னர் உங்கன் படங்களை கவனமாக பார்த்த பின் மருத்துவரால் உங்களுக்கு ஏற்ற சிகிட்சையை மேற்கொள்ள முடியும். இடை பை-பான் அறுவை சிகிட்சையாகவும் இருக்கலாம். சிலைது ஆன்ஜியோயினாண்டி (புனுன் வடிவம் கொண்டதொரு சிறிய சாசேத் கொண்டு தமனியை அகலப்படுத்துகல்) என்னும் ஒரு செயல்முறையாகவும் இருக்கலாம். சில நேரங்களில் மகுந்துகள் மட்டுமே போதுமானதாக இருக்கலாம்.

இச்சையல்முறையிலுள்ள இடர்பாடுகள்

இதயச்சுவர் சிரை ஆன்ஜியோகிராஃபியிலுள்ள இடர்பாடுகள் பின்வருபவைகளையே சார்ந்திருக்கும்

(i) இதயச்சுவர் சிரை தமனி நோயின் தன்மை (ii) இதயத்தின் ஏற்றியிறைத்தல் நிலை (iii) இதயத்தின் வயது மற்றும் பொது ஆரோக்கியம் ஏற்பட வாய்ப்புள்ள சில தீவேர கீடர்பாடுகள் வின்வருமாறு. ஆனால் கிலவகள் மட்டுமே முழுமையான கீடர்பாடுகள் அல்ல

10,00-ல் ஒருவருக்கும் கீழ் (0.0001 சதவிகீதம்)	(a) கதீா்வீச்சின் காரணமாக ஏற்படும் தோல் பாதீப்பு. சருமம் சிவந்து போதல்
1000-ல் ஒருவருக்கு (0.001 சதவிகீதம்)	(b) வலிப்பு. இது பக்கவாதம் மற்றும் நீண்டநாள் ஊனத்தை ஏற்படுத்தலாம் (c) மாரடைப்பு (d) எக்ஸ்-ரே காண்ட்ராஸ்ட் மீடியத்தீன் (டை) ஆபத்தான விளைவுகள் , இவை ஏற்பட்டால் உங்களுக்கு ஆஸ்துமா, அதீர்ச்சி மற்றும் வலிப்பு போன்றவைகள் ஏற்படலாம். 2,50,000 முதல் 4,00,000 ஊசிகளில் ஒன்று மரணத்தையும் விளைவிக்கலாம். (e) குத்தப்பட்ட இடத்தீல் பெரிய அறுவை சிகீச்சை மேற்கொள்ள வேண்டியது வரலாம். (f) அவசரகால இதய அறுவை சிகீச்சை அல்லது ஆன்ஐயோயினாஸ்டிக் தேவைப்படலாம். (g) எக்ஸ்ரே கதீர் பாதீப்பு காரணமாக அதீக வாழ்நாள் அச்சுறுத்தல் இடர்பாடு. (h) இறப்பு
100-ல் ஒருவருக்கு (0.01 சதவிகீதம்)	 (I) இதயம் சரியான முறையில் துடிக்காமல் இருக்கலாம். அதற்கு அவசரமாக சிகீச்சை தேவைப்படும் (j) குத்தப்பட்ட கவட்டை பகுதியில் அறுவை சிகீச்சை சரிபாடு. இதனால் மருத்துவமனையில் நீண்ட நாட்கள் தங்கியிருக்க வேண்டியது வரலாம் (k) தோல் அரிப்பு போன்ற சிறு விளைவுகள் (l) கான்ட்ராஸ்ட் மீடியம் காரணமாக சிறுநீரகம் செயல்படாமை அல்லது அதன் வலுகுறைதல்
20-ல் ஒருவருக்கு (0.01 சதவிகிதம்)	(m) குத்தப்பட்ட இடத்தீல் பெரிய அளவிலான சிராய்ப்பு அல்லது வீக்கம்
வரும்பாள ன மக்களுக்கு	(n) சிறிய அளவிலான சிராய்ப்பு

நேரயானி ஒப்புதல்

செயல்முறையை எனக்கு மேற்கொள்ளுமாறு கேட்டுக்கொள்கீறேன்

	கையெழுத்து	பெயர்	தேதி	நேரம்
நோயா ளி, (பாதுகாவலர்) உறவுமுறை	· ·	· · · · · · · · · · · · · · · · · · ·		_
" धताध्मी '			1	
மருத்துவர்				
மொழிபெயர்ப்பாளர்				





Every heart beat counts

CORONARY ANGIOGRAM REPORT United Alliance Healthcare Pvt Ltd)

PATIENT NAME: Mr. MURUGAIYAN, A

UHID

: MHI202481862

AGE/GENDER

: 50Years /MALE

IP NO

: IPH2024000135

CONSULTANT

: Dr. Jaishankar. K MD., DM., FIAMS

D.O.A

: 18.01.2024

Director and Clinical Lead

D.O.P

: 18.01.2024

Cardiology and Electrophysiology

18.01.2024	DONE BY	DR. JAISHANKAR
3619	ASSISTED BY	SN. SATHYA
5 MINS	TECHNICIAN	MR. TAMIL
159CMS	PHYSICIAN ASSISTANT	MS. SHALINI
	3619 5 MINS	3619 ASSISTED BY 5 MINS TECHNICIAN 159CMS PHYSICIAN ASSISTANT

CLINICAL DIAGNOSIS: CORONARY ARTERY DISEASE, SEVERE LV DYSFUNCTION, SYSTEMIC HYPERTENSION, TYPE II DIABETES MELLITUS, OLD CVA- LEFT LACUNAR INFARCT (06/2023)

CATHETERIZATION PROCEDURE: AFTER OBTAINING INFORMED CONSENT, PATIENT WAS BROUGHT TO THE CATH LAB. UNDER SAP, PROCEDURE DONE BY USING 2% XYLOCAINE AS LOCAL ANAESTHESIA AND SELDINGER TECHNIQUE.

APPROACH

: RIGHT RADIAL ARTERY

SHEATH

:5FR

CATHETER

: 5FR TIG

CONTRAST MATERIAL: NON- IONIC, CONTRAPAQUE

MEDICATIONS

: Inj. Heparin 2500 IU

COMMENTS:

LMCA - NORMAL. BIFURCATES INTO LAD AND LCX. LM HAS PLAQUES.

LAD - TYPE III VESSEL AND GIVES RISE TO 4 DIAGONALS AND SEPTALS. PROXIMAL LAD HAS LUMINAL IRREGULARITIES. MID LAD HAS LONG SEGMENT DISEASE OF MAXIMUM 80-90% SEVERITY. DISTAL LAD HAS MYOCARDIAL BRIDGING AND NON FLOW LIMITING DISEASE. FIRST DIAGONAL IS A MAJOR VESSEL WHICH HAS 70-80% OSTIO PROXIMAL DISEASE.

LCX - NON-DOMINANT AND GIVES RISE TO OMs. OSTIAL LCX HAS 40-50% DISEASE. PROXIMAL LCX HAS NON FLOW LIMITING DISEASE. LCX AFTER OMI HAS LONG SEGMENT CTO.OM2 AND DISTAL LCX SEEN FILLING RETROGRADELY THROUGH HOMO AND HETERO COLLATERALS (RENTROP GRADE 1)

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

₽ @MedwayHospitals

(O) @medwayhospitals

medway-hospitals

@medwayhospitals

PATTER 94557 94557 1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Mogappair 044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367

Chengalpattu

Villupuram

Kumbakonam

Kakinada

Heart Institute 044 - 4310 8959 Institute of Pulmonology 044-2473 4451

E-mail: info@medwayhospitals.com | Website: www.medwayhospitals.com | CIN: U74900TN2011PTC083665

MINANT AND GIVES RISE TO PDA. AND PLV BRANCHES. P TOTALLY OCCLUDED DISTAL RCA,PDA & PLV ARE SEEN FILLING RETROG THROUGH HOMO AND HETERO COLLATERALS. (A Unit of United Alliance Healthcare Pvt Ltd)

RIMA-NORMAL

IMPRESSION:

TRIPLE VESSEL DISEASE SEVERE LV DYSFUNCTION RIGHT DOMINANT SYSTEM

PLAN:

- 1. OPTIMAL MEDICAL MANAGEMENT
- 2. CABG AFTER VIABILITY ASSESSMENT

CONSULTANT SIGNATURE

Dr. Jaishankar. K MD., DM., FIAMS Director and Clinical Lead Cardiology and Electrophysiology

To visit at www.medwayhospitals.com

Dr. K. JAISHANKAR Reg. No: 49448

#9; 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel: 044 - 4310 8959

★ @MedwayHospitals

(C) @medwayhospitals

medway-hospitals

@medwayhospitals

94557 94557 1800 572 3003

Medway Group of Hospitals

E-mail: info@medwayhospitals.com | Website: www.medwayhospitals.com | CIN: U74900TN2011PTC083665

Medway Centre of Excellence (Chennai)

Kodambakkam 044-2473 4455 | 044-26530011 | 044-27426829 | 04146-242000 | 044-2473 4455 | 0884-2333367

Mogappair

Chengalpattu

Villupuram

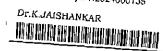
Kumbakonam

Kakinada

Heart Institute 044 - 4310 8959 Institute of Pulmonology 044-2473 4451



Mr.MURUGAIYAN A 50/Mulc/MH1202481862 18/01/2024/IPH2024000135



MHI/NUR/2022/048

DATE & TIME	Observation / Action	Signature with Emp.No
Islilay	Pt got admission on	(AB)
01:10		0711p
	At velale we stable	
	-> Pt str Inc procen	<u> </u>
	& pattern	
	=> PA NDO Grow- &:	
	2 Pt Shingt to Let	h osa
ļ	1ab @ 11:10	_
18/1/259	CATIA JAB	
11.20	= spatient received from p. to	1 Du
	cath lab. It concious and oriented	7 - 6295
11,30	Svitals Stable. IV line left in	20 1
1).40	stoule drapping done procedue	
11016	CAG Storted	13233
11.50	-> Rt Rodial arbory shout approach	, be
	under local anesthesia	Pins
11.50	SINJ: NTG 100 Mcg + INJ: Dilzem 25M	lg D
<u>'</u>	DA given 0/B Dr Kanthic (Pi)	BUT
71,58	2) INJ: Heparin 2500 IV given 0/8	
	or Korthic an	1 92b ;
12.05	8 HP : 83 HM BP: 120/60 (82) MM Hg	2007
	Sportoof vitale stable	
12.05	3 procedure con done. Rf Radio	2/
	Signature Name Emp. No. Date	Time
Document endorsed by		1
	Brachiys, 0004 18/11	12.05



DATE & TIME	Observation / Action	Signature with Emp.No
12.30	plater bandage applied no obtained ho hematoma is specified to PL all reports bandower to PL staff receiving plates in the staff receiving plates in the consular ous governments of the consular parcents cook your correction of the parcents cook to parcents	Plans.
18-30	bandag D two gon J homosoma -> ptom ro completents Pischarged Notes	Gn
	\$ pt on old charged CAG-CD2 Strage, peport pt attierder given o IN LONG, IP band removed AP+or VISChelled Sveervolg the - 8 sptm - Bp-136/14 months 2po - 981., 2-16 Atm Lat on oldscharged	- Don
Document endorsed by	Signature Name Emp. No. Date Jay 000 Taya DEVI J 0002 Polity	Time 18,50





SAFE PROCEDURE CHECKLIS. Adapted from WHO Safe Surgery Checklist



Mr.MURUGATYAN A 50/Malc/MH1202481862



Every heart beat counts

Name of the Procedure :	CAG	Location: Cath lab	<u> </u>	18/1/94 PATIENT LABEL				
Does the Procedure involve	Procedural Sedation :							
SIGN IN //,)- © Before Induction of Procedural S	edation	TIME OUT // 50 After procedural Sedation and before procedure		SIGN OUT 12 40 5 When Doctor indicates that the Procedure is completed				
(Anaesthetist / Qualified Physicia Sedation + Nurse + Technician + Do	an administering Procedural	(Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure						
Patient Confirmation		All team members introduce themselves by Name a		To be done for each procedure in case of multiple procedures				
Identity by two identifiers	Yes	Identity by two identifiers	☐Yes	Name of the Procedure done written down Yes				
Procedure	Yes	Procedures CAG	□Yes	Name and site of all specimens / investigations Yes NA				
Side	□RÍ □LI □NA	Side R + Padial ortery app Expected Blood loss	TRACE DE DIA	confirms labeling and sent to lab				
		Expected Blood loss NA	_ /					
Consent	☑Yes	Position Supine	☐ Yes	Any recovery concerns : ☐ Yes ☐ None				
Known Allergy	☐Yes ☐Mo	Consent	∠ lÝes	If Yes, Pis. specify:				
	If yes, plaese specify	Required equipment and implants available	Yes DNA					
Difficult circum / conjection risk	No ☐ Yes, equipment	Essential İmaging displayed	☑Yes □NA	4				
Difficult airway / aspiration risk /	and assistance available	Antibiotic prophylaxis within last 60 minutes	Yes NA					
Possibility of hypothermia	No ☐ Yes, warmer in place	Name of the Antibiotic given		Any Equipment / instrument problem that needs to be				
1 Ossibility of Hypotherinia	1 140 11 103, Walliet in place	Venous Thromboembolism Prophylaxis Provided	☐ Yes ☑ÑA	addressed: ☐ Yes ☐ None				
All concerned anesthesia equipment	I and medication check complete	Anticipated duration briefed	Yes	If Yes, Pls. specify :				
/ / /			Yes DNA	1 / /)				
···///	rs pls. specify <u>ECG</u>	Anticipated blood loss briefed	9 /	/ //				
Pre OP medication taken	☐ Yes ☐ No	Adequate fluids and blood available Team briefed on any critical or unexpected steps	Yes □NA	Corrective action :				
Required equipment for	□Yes □NA	For procedural sedation cases	\Y€S	Corrective action :				
procedure available	LITES LINA	Any patient specific concerns :	☐ Yes ☑ None					
/	ļ	Intra procedure glycernic control	☐ Yes ₹ NA					
		Any concerns about sterility	Yes Name					
Anaesthetist / Doctor giving	Doctor performing th	ne Nurse: R/N Abinaya	Technician : MY, P	am Others Please Specify:				
Procedural Sedation	Procedure :	Nuise. I /N ITBITALLY		9007				
	1.10	71/1 20 1						
Date:	Date: 18/1/2	14 C/80° Date: 18/1/24	Date: 18/1/24	Date:				
Time :	Time: 12.10	Time: 12./0	Time: 12.10	Time:				







Every heart beat counts

The way to better health (A Unit of United Alliance Healthcare Pvt Ltd)

Procedure Monitoring Sheet (Cath Lab)

1	Mr.MURUGAIYAN A
Patient Name:	50/Malc/MHI20248186

50/Malc/MHI202481862

18/01/2024/IPH2024000135

UHID / IP:

Dr.K.JAISHANKAR 778 TEK 1887 TOO BOW REVIEWED BOTTAN TEERD HING BOW WE

Consultant:

Age / Sex: 50 41 M

Ward Unit:

Diagnosis: CAD/Serve Ir Dyprive

Pre Procedure Checklist (Please tick appropriately - To be filled by the Ward Nurse) **PARAMETERS** YES NA Vital signs: BP:4565 Temp: 98 & Pulse: & T. RR: .. 20. SP02: 98 Urine voided Bowel preparation Pre-procedure medication administered Procedure site marked Skin preparation done NPO -4;30pm Loose Tooth removed Contact lenses / Eye glasses removed Prosthesis present Jewellery/Nail polish removed Checked for Allergies (Drug / food) IV line/In-situ Consent taken Investigation reports / Documents received Signature of Nurse: Date & Time: Intra - Procedural Record (To be filled by the Cath Lab Nurse)

HR / min RR / min BP mmHq SpO₂% Medication / Remarks Sign. of Nurse Time 100% 12.00

Post Procedure Follow Up Data (to be filled by the doctor)

	cation :	•	LE	5	F	Route :	R+ Radial	artery a	pproach
BP : <u>L</u> Byachi Dis tal P	22/64 al ulse:	€) Fe	u-	mmHg, HR	:	_, RR∶ <u>√∂</u> Ø	20 hr/mt, sp02	: <u>bo</u>)	<u>/</u>
Advise	•								
◆ Bed◆ Obs◆ Wat	serve pur	to ncture ulse in	e site	_ _/ }e for bleedir				,	
a) b) c) ♦ Rer to th	If patient If dressir If limbs a nove ne consu	t coming is I are Co I-Pa Itant.	plair Loos old /			24	at <i>[]].\$50</i>		after informing
						·		ame & Signature	別 of Consultant
			í		POST PROCEDU	RE OB	SERVATION		
ate & Time	BP	HR	RR	SpO2%	Site Evaluatio	ກ	Extremity Status	Remarks	Sign. of Nurse
)		
								· .	
				·	/	4			<u> </u>
	'					1		, , see	
			•						<u> </u>
Nurses I					,				
	pr	MU	<u>e</u> d	me	cae dor	re.	Pt - Pudia	arteru	ı
She					. Tight 1				
ho	0021	ng	,	no h	ematoma.			O V	
Patient s	shift to:			Recovery F	Stable [☐ Crit oom	CCU Othe		
Name &	Signatu	re of t	the I	Nurse :				78/1/24	





50/Male/MHI202481862 18/01/2024/IPH2024000135

Dr.K.JAISHANKAR





Every heart beat counts

(A Unit of United A)	liance Healthcare Pvt Ltd)		110 IIII fari ett ata ata ina	Every n			
	BRADEN S	CALE FOR PREDICTI	NG PRESSURE INJUR	Y RISK Date:		#81 E	24
SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	Completely Limited Unresponsive (does not moan, flinch,or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	9	5	
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals		3	
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non- existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks eccasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours		2	
MOBILITY ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4-Ne Limitation Makes major and frequent changes in position without assistance		2	ļ
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein(meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR Is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or diary products per day. Occasionally will take a dietary supplement	4 servings of protein (meat, diary	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and diary products. Occasionally eats between meals. Does not require supplementation	3	4	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum	slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair	3. No Apparent Problem Moves in bed and in chair independentl strength to lift up completely during move. No or chair	y and has sufficient muscle Maintains good position in bed TOTAL SCORE	3	3/8	
	assistance. Spasticity, contractures or agitation leads to almost constant friction	or bed most of the time but occasionally slides down		Initial & Emp. No. of Staff Nurse: Initial & Emp. No.	(b)	Bis 800	
Score	Interpretation: Minimal Risk: 23 - 19; At Risk /	¹ Mild Risk: 18 - 15; Moderate Risk: 14 - 13; I	High Risk: 12 - 10; Severe Risk: 9 - 6	of Sr. Staff Nurse:	No	1.146	Ĭ





50/Male/MHI202481862 18/01/2024/IPH2024000135

Dr.K.JAISHANKAR

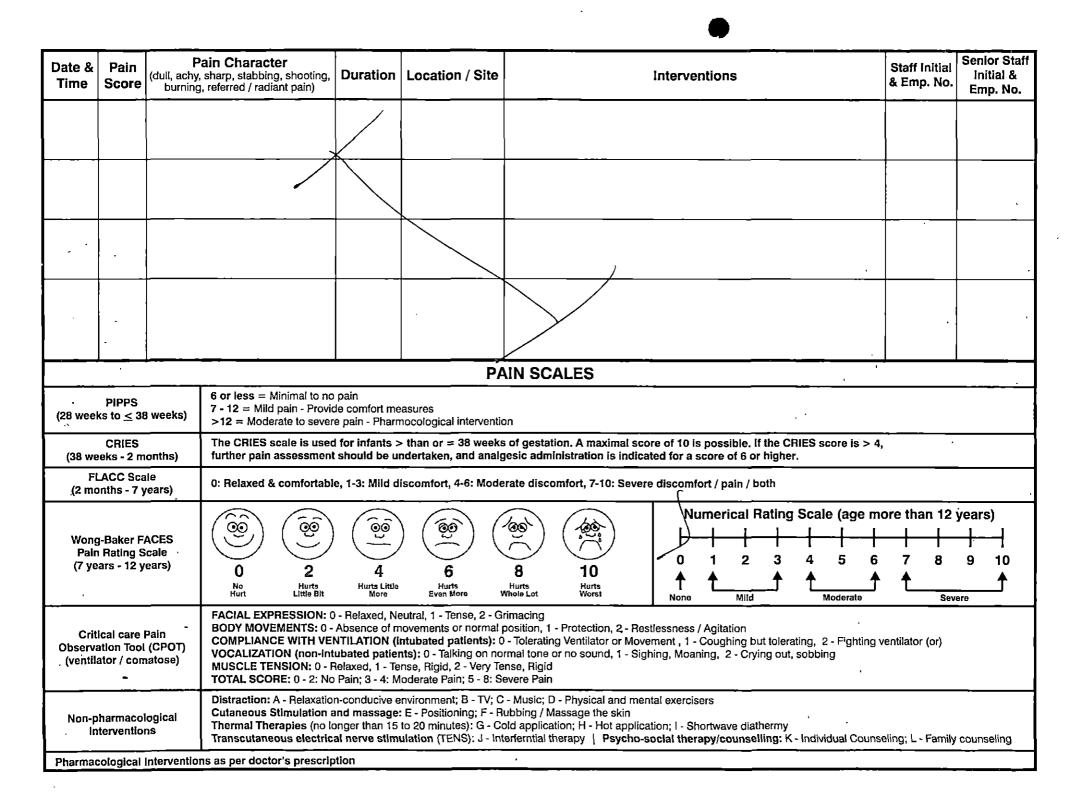


MHI/NUR/2022/052



Every heart beat counts

PAII	NKI	E-A99E99IMEIN I	& IVIC	MITORING	CHARI	1	Every heart	peat counts
Date &	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site		Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
8.7% (O/yo	(vopoon		_			Long	Jan 600
11-35	Of a	No posp					Ly	Jan 80%
V 239	100	NO poon					By	John oog
12.35	/w	Nopon					<i></i>	John gar
14.35	Co	No poon				· ,	Por	Joy out
15-35	%	No podn	- 		_		lan.	Joy our
16.35	9/10	No poh	-				Por	Jay 60
14.35	La	No posn					R	Jan 800
11.30	Two	no peon	DE	B15	X		R	Ton/eg







50/Malc/MHI202481862 18/01/2024/IPH2024000135

Dr.K.JAISHANKAR





DVT RISK ASSESSMENT

ASS	ign a score of 1 if (YES) in parameter nos. 1 to 9,			ore of -2	IT (YES)	ın paran	neter no	. 10
		18/1/24)					
	Time	10.40						
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0		ı				
2	Bedridden recently >3 days or major surgery within four weeks	10		_				
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	Þ	-					
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	Ø						_
5	Entire leg swollen (Assess for both legs)	_&			<u>-</u>			
6	Localized tenderness along the deep venous system (Assess for both legs)	\(\int_{\infty}\)						
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0						
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	Ø		_				
9	Previously documented DVT (Assess for both legs)	\begin{align*} \phi & \text{ \text{\tin}\exitt{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\tet{\text{\text{\text{\text{\texi}\text{\texi}\texit{\text{\t						
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	Ø						
	FINAL SCORE							
Low R	isk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8	Con						
	DVT prophylaxis started	☐ Yes ☐ No	∐Yes ∐No	☐ Yes ☐ No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
	Signature & Emp. No. of RN	B			<u> </u> 			
	Signature & Emp. No. of Sr. RN	Mar	, –					



(A Unit of United Alliance Healthcare Pvt Ltd)

NA B H

Mr.MURUGAIYAN A

50/Male/MHI202481862 18/01/2024/IPH2024000135

Dr.K.JAISHANKAR



MHI/NUR/2022/046



·

MODIFIED MORSE FALL RISK ASSESSMENT CHART

Date Time No Yes No Yes No Yes	(2) (5) o (2) (4)		0 25 0 15 0	0 25 0 15 0	0 25 0 15	0 25 0 15	0 25 0 15	0 25 0 15	0 25 0
No Yes No Yes	0 (15) 0 (20)	(b) X5 o (5)	25 0 15	25 0 15	25 0 15	25 0 15	25 0 15	25 0	25 0
Yes No Yes	0 (15) 0 (20)	(b) X5 o (5)	25 0 15	25 0 15	25 0 15	25 0 15	25 0 15	25 0	25 0
No Yes No	0 (15) 0 (20)	0 (75)	0 15 0	0 15 0	0	0 15	0 15	0	0
Yes	0 20	(15)	15 0	15 0	15	15	15		
No	0 20	5	0	0				15	15
	(20)	20			0	_	_		
Yes		20	20	20		ן ע	0	0	0
		וכח		20	20	20	20	20	20
	_ ZA \		-						
	$\left(0^{\prime}\right)$	(0)	0	0	0	0	0	0	0
	15	À	15	15	15	15	15	15	15
	30	'30	30	30	30	30	30	30	30
ļ	~~								
	(0)	(o')	0	0	0	0	0	0	0
	10	¥	10	10	10	10	10	10	10
	20	20	20	20	20	20	20	20	20
		<i>(78</i>)							
	(0)	(/o)	0	0	0	0	0	0	0
	15	15	15	15	15	15	15	15	15
No	0	ا ر ا	0	o	0	0	0	0	0
Yes	15	/15)	15	15	15	15	15	15	15
	\Box		-						
	50	(1)		_					Ē
		70		•					
						-		-1	•
	v	27							
	Pro Cons	A					-		•
	RAM	7	/				-		
		10 20 0 15 No 0 Yes 15	0 0 10 15 15 No 0 0 Yes 15 15	0 0 0 10 20 20 20 0 15 15 15 No 0 0 0 Yes 15 15 15	0 0 0 0 10 10 20 20 20 20 0 0 15 15 15 15 15 15 15 15 15 15 15 15 15	0 0 0 0 0 10 10 10 20 20 20 20 20 0 0 0	0 0 0 0 0 0 0 0 10 10 10 20 20 20 20 20 20 20 15 15 15 15 15 15 15 15 15 15 15 15 15	0 0 0 0 0 0 0 0 0 10 10 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

	Data	1. 1.	تقادا	<i>:</i> -						
INTERVENTIONS	Date	13/11/2	9 11/1	1 1						
Tick as per the Risk Score	Time	 10 . st	m D	.			,			
Low Risk Interventions (0 - 24)		14. yer		h."	E4.50 -	1 - 10				
Familiarize the patient with the immediate surroundi	nas	-	7	ļ	, .					
Remind the patient to use call bell before getting out		75.6	/	 		- '2	<u> </u>			
Keep the two side rails in the raised position at all ti		<u> </u>	7	 	 					
all patients regardless of age	11100 101			,						
Keep the call bell, bedside table, water, glasses with	thin the	1	- / -		. 1	· .		, -	4 1	
patient's easy reach			1							
Remove excess equipment or furniture to make	a clear	~~~~			-		-	-		-
path			1.7	1 ,	3,,					
Keep the patient's bed in the low position at all times	except		/		. :					٠.
during procedure	i	1			** :					
Teach fall-prevention techniques, such as sitting u	ip for a		1/	/ \ 1	į					
moment before rising from the bed		*	\mathcal{O}	ĺ						
Bed wheels should be locked	1		,	1	, i		100	**		
Encourage family participation in the patient's care	7		1/: 1) ,						
Ensure that floor of the bathroom is dry and not slipp	ery = [/ <u>a</u> =		7-5				18.00	
Review medications for potential side effects the	at can		11.		, ,					
promote falls 6	. 6	1 -	Á) :				<u>.</u>	<u> </u>	
Use safety belts during movement in wheelchair	å Program	سنر'		· · · · · · · · · · · · · · · · · · ·						
The patients are not ambulated by themselves. The	y are to		6	v- (,	, ,	•				
be ambulated only with assistance	j	1	[7]	1	ì			" " <u>"</u>	1. 1	4
Medium risk interventions (25 - 44)					 					
Apply all the low risk interventions	_,	1 tu			<u> </u>					
Tie yellow fall risk tag in the bed and Wheel chair / St								,		,
Make sure that proper transfer precautions are in			·	b			_			4
for heavy or debilitated patients in a bed or wheel	chair or		-	[
on a toilet seat		-		,	<u> </u>		<u> </u>			
Use restraints and bed monitors as ordered by the d	octor			ļ	ļ	·				
Allow the patient to ambulate only with assistance				ļ	ļ					,
Consider peak effects of the medications that effect	,		1		:					
of consciousness, gait and elimination when pl	lanning	1	' '			ļ	_			
patients care				-	,			- "	,	•
Do not leave patients unattended in diagno treatment areas	Stic or	'	//				. ,		, 3 ₂₄	
Accompany the patient while going to bathroom	- +						į į	1 -	- 144	
Advice the patient to use grab bars near the toilet, b	athtub		<u> </u>	,	:		1 (*	٠.,		
and shower	atritub,				- 5		and are		·	
Make sure the family and other visitors understa	and the	ì		1	F	- '1.	() >^	j' as '	17 .00	,) i
restrictions mentioned above							.04	ان س		
High-risk interventions (45 or abovc)			\mathcal{O}	-				·		
Apply all the low and medium risk interventions	1	-	/:	; =	, , , , , , , , , , , , , , , , , , ,	C . C . L	,	 .	, ,	
Tie red fall risk tag in the bed, wheel chair and stretch	ner	 	7)	;	 	 	 	2 16.4	,]	-
Locate the high-risk patients in a room close to the		/	//	<u> </u>		1	, 1:			
				'			ľ			
Answer these patients call bells as quickly as possib	le:		//	1	1 4 .7	. · (') .	,			-
Provide a commode at bedside (if appropriate)	1	7-		, 1	,	100 F 500 W			<u> </u>	
Urinal/bedpan should be within easy reach (if appro	priate)	ر	-				11-7 - 7	ar Sagran		
Encourage family members or other visitors to st	ay with	[_	,			į,	[.	
them				<u></u>	2.					
If appropriate, consider using protection devices:	: safety		· /	١ ,		1000	1,500	1 215 1		
belts	;	تحكًـا	//		r ;·					
Signature & Emp. No.	of RN	(b)	(P)	,		· ·		'	' '	
Signature & Emp. No. of S		PN	An.	 	†	 	 -			
Signature & Emp. No. of S	אורו יוני	V [W 20/	1c/4/20/			<u> </u>	<u> </u>			

MEDWAY HOS! [ALS

KODAMBAKKAM (HEART)

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai,

Tamilnadu, India 044-2473 4455 care@medwayhospitals.com

Registration No

: MHI202481862

Patient Name : MURUGAIYAN A

Age

50

Gender

: Male

IP Number

: MMH/HM/IPH2024000135

Discharge Date : 18/01/2024 4:36:00PM

Bill No

: MMH/HM/IPH202400132

Bill Date

: 18/01/2024 4:35:08PM

Ward Name

: RADIAL LOUNGE

Bed Name

: RL-4

NO DUE





